

Scott DePaolo Horsemanship

Helmet Release Waiver

It is statistically clear that there are certain inherent dangers associated with horseback riding. One of those dangers is the risk of suffering serious head injury should the rider fall or be thrown from his/her horse.

I, _____, being fully aware of the dangers and chose of my own free will, NOT to wear a safety riding helmet. In taking this action, I hold Scott DePaolo Horsemanship, the facility and his insurer free of any liabilities for injuries that I may receive as a result of my actions and failure to wear a safety riding helmet.

RIDER: _____

SIGNATURE OF PARENT OR GUARDIAN: _____
(IF RIDER IS UNDER THE AGE OF 18)

DATE: _____